

City of Kingston
Parks and Recreation Department



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REGISTRATION/WAIVER FORM

NAME OF PROGRAM: _____

NAME OF PARTICIPANT: _____ AGE: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS/CITY: _____

PHONE: DAY _____ NIGHT: _____

NAME/PHONE # OF EMERGENCY CONTACT PERSON: _____

ALLERGIES AND/OR MEDICATION: _____

For promotional purposes, videos or photographs are occasionally taken of City sponsored activities. These videos or photos may be used for promotional material, on the web, or public access television channel 3.

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If you **DO NOT** wish your child to appear in this manner, check here.

I give my daughter/son _____, permission to participate in this program sponsored by the Kingston Parks and Recreation Department.

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release hold harmless and indemnify in whole the City of Kingston, the City of Kingston Parks and Recreation Department and the officers, directors, representatives and employees from all claims or liabilities of any kind arising from my child's participation in this program. This liability includes but is not limited to, injury from falls or contact with other participants.

Signature of Parent/Guardian: _____ Date: _____